

Please TYPE or PRINT LEGIBLY and complete all sections.

Section A

PERSONAL INFORMATION

Legal Name (Last, First, Middle Initial)_____

Preferred Name for Name Badge_____

Employer_____

Mailing Address_____

City_____ State_____ Zip/Postal Code_____

Country Code_____ Telephone_____ Fax_____

E-mail †_____ †An e-mail confirmation will be sent to this address

Section B

SYMPOSIUM EXPENSES (Includes general symposium expenses, breakfast, breaks, working lunch, reception.)

Registration fee

\$150.00 – Payment received on or before **September 30, 2011**

\$175.00 – Payment received on or after **October 1, 2011**

Section C

PARTICIPATION (For catering and planning purposes, please be definite.)

Tuesday, October 12, 2011 (7:30 A.M. - 5:00 P.M.)	Yes	No
Registration/General Session with breakfast, lunch and 2 breaks		

Tuesday, October 12, 2011 (5:00 P.M. - 7:30 P.M.)	Yes	No
Symposium Reception		

Wednesday, October 13, 2011 (8:00 A.M. 5:00 P.M.)	Yes	No
Workshops with breakfast and 2 Breaks		

*Indicate any special needs below (AV, handicap access, dietary restrictions, etc.)

Please continue with the next page

Section D

PAYMENTS

LANL Participants, go to Section D.2

Non-LANL Participants, go to Section D.1

Section D.1 — Credit Card Payment

(Visa, MasterCard, and Discover ONLY. Credit cards will be processed 2 weeks prior to the symposium. Receipts will be included with registration packets.)

Visa Master Card Discover Card # _____

Expiration _____

Card Holders Signature _____ Date _____

(In Adobe Reader, you may type your name above as a Signature.)

Section D.2

LANL Participants

Cost Code _____ Program Code _____ Cost Account _____ Work Package _____

COMPLETE AND RETURN THIS SIGNED FORM TO:

Evan Sanchez, Los Alamos National Laboratory, Institutional Visits and Events

P.O. Box 1663, MS P366, Los Alamos, NM 87545

Phone: 505-665-0422 Fax: 505-606-2397 E-mail: evans@lanl.gov